

DEC 29 2004

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2) Susan Ungar		571-273-0837	
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DEC 29 2004

Practitioner's Docket No. 700157-48012-RCE

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: David E. Fisher

Application No.: 09/229,283 Group No.: 1642
Filed: 01/13/99 Examiner: UNGAR, Susan
For: USE OF MICROPHTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR
TREATMENT OF MELANOMA

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

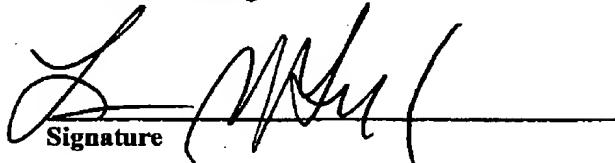
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1. Certification of Facsimile Transmission (1 pg.);
2. Transmittal Form (1 pg.);
3. Petition for Extension of Time in duplicate (2 pp.);
4. Fee Transmittal (1 pg.); and
5. Supplemental Amendment (5 pp.).

Linda M. Ginsberg

December 29, 2004
Date


Signature

Certification of Facsimile Transmission--page 1 of 1

DEC 29 2004

PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/229,283
Filing Date	January 13, 1999
First Named Inventor	David E. Fisher
Art Unit	1642
Examiner Name	UNGAR, Susan
Attorney Docket Number	700157-48012-RCE

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certification of Facsimile Transmission
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Nixon Peabody LLP, 100 Summer Street, Boston, MA 02110		
Signature			
Printed name	Ronald I. Eisenstein/Nicole L.M. Valtz		
Date	Dec. 29, 2004	Reg. No.	30,628/47,150

CERTIFICATE OF TRANSMISSION/MAILING

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Linda M. Ginsberg

Date

12/29/2004

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<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete If Known	
FEE TRANSMITTAL For FY 2005		Application Number	09/229,283
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 13, 1999
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	David E. Fisher
60.00		Examiner Name	UNGAR, Susan
		Art Unit	1642
		Attorney Docket No.	700157-48012-RCE

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee (\$)
	- 20 or HP =	x	=		Fee (\$)	Fee Paid (\$)		
	HP = highest number of total claims paid for, if greater than 20							

Indep. Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee (\$)
	- 3 or HP =	x	=		Fee (\$)	Fee Paid (\$)		
	HP = highest number of independent claims paid for, if greater than 3							

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number)	x 125.00	= 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: One month extension of time 60.00

SUBMITTED BY				
Signature	Ronald I. Eisenstein/Nicole L.M. Valtz		Registration No. 30,628/47,150	Telephone 617-345-6054
Name (Print/Type)			Date December 29, 2004	

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Attorney Docket No.: 700157-48012

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: David E. Fisher

EXAMINER: S. Ungar

SERIAL NO.: 09/ 229,283

GROUP: 1642

FILED: January 13, 1999

**FOR: USE OF MICROPHTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR
TREATMENT OF MELANOMA**

CERTIFICATE OF FACSIMILE (37 C.F.R. SECTION 1.8(a))

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12/29/04
Date

Linda M. Ginsberg
(type or print name of person mailing paper)

Signature of person mailing paper

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Office Communication dated November 18, 2004, Applicants previously filed by facsimile an Amendment, including a corrected Listing of Claims, on November 23, 2004. During the telephone interview with Examiner Ungar on December 21, 2004, applicants learned that the November 23, 2004 Amendment had not been received. Applicants have not been able to locate proof that the Amendment was filed by facsimile on November 23, 2004. Accordingly, in response to the November 18, 2004 communication, applicants are submitting herewith a Petition for One Month Extension of Time and fee. Please amend the application as follows, including the corrected Listing of Claims:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 5 of this paper.

BOS1430939.1

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